

**Title 13—DEPARTMENT OF
SOCIAL SERVICES
Division 70—MO HealthNet Division
Chapter 35—Dental Program**

PROPOSED AMENDMENT

13 CSR 70-35.010 Dental Benefits and Limitations, MO HealthNet Program. The MO HealthNet Division is amending sections (1) and (3), and adding a word to section (6).

PURPOSE: This amendment removes restrictions on the MO HealthNet dental coverage benefit, adds the expansion of limited dental services to the MO HealthNet eligible adult population, and changes the date in which the updated online Dental Provider Manual will be published. It also adds the word “Provider” to any instance of “Dental Manual” for the purposes of clarity.

(1) Administration. The MO HealthNet dental program shall be administered by the MO HealthNet Division, Department of Social Services. The dental services covered and not covered, the limitations under which services are covered, and the maximum allowable fees for all covered services shall be determined by the MO HealthNet Division and shall be included in the MO HealthNet *Dental Provider Manual*, which is incorporated by reference and made part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, at its website at www.dss.mo.gov/mhd, [November 1, 2011] **May 2, 2016**. This rule does not incorporate any subsequent amendments or additions. Dental services covered by the MO HealthNet program shall include only those which are clearly shown to be medically necessary. The division reserves the right to effect changes in services, limitations, and fees with proper notification to MO HealthNet dental providers.

(3) Participant Eligibility. The MO HealthNet dental provider shall ascertain the patient’s MO HealthNet status before any service is performed. The participant’s MO HealthNet/MO HealthNet for Kids eligibility is determined by the Family Support Division. The participant’s eligibility shall be verified from a current MO HealthNet/MO HealthNet for Kids identification card or a letter of new approval in the participant’s possession. The patient must be a MO HealthNet eligible participant under the MO HealthNet/MO HealthNet for Kids program on the date the service is performed. The MO HealthNet Division is not allowed to pay for any service to a patient who is not eligible under the MO HealthNet/MO HealthNet for Kids program.

(A) [MO HealthNet reimbursement of dental services shall be limited to MO HealthNet eligible children or persons receiving MO HealthNet under a category of assistance for pregnant women or the blind.] **Coverage of dental services for adults is limited to certain categories of service and may require prior authorization: trauma of the mouth, jaw, teeth or other contiguous sites as a result of injury; treatment of a disease/medical condition without which the health of the individual would be adversely affected; preventive services; restorative services; periodontal treatment; oral surgery; extractions; radiographs; pain evaluation and relief; infection control; and general anesthesia. Further detail on covered adult dental services may be referenced at www.dss.mo.gov/mhd.**

[(B) MO HealthNet participants living in a nursing facility will not experience dental service reductions. Nursing facility level of care must be indicated on the MO HealthNet eligibility file. When providing dental services to a participant who is living in a nursing facility providers should continue to submit claims to MO HealthNet. MO HealthNet eligible nursing facility residents will have payments for dental care adjudicated through the MO HealthNet claims payment system.

(C) For all other eligibility categories of MO HealthNet assistance dental services will only be reimbursed if the dental care is related to trauma of the mouth, jaw, teeth, or other contiguous sites as a result of injury or as related to a medical condition when a written referral from the participant's physician states the absence of dental treatment would adversely affect the stated pre-existing medical condition.

1. Reimbursement for dental care shall be limited to those procedure codes identified in section (19) of the MO HealthNet Dental Provider Manual which may be referenced at www.dss.mo.gov/mhd; and

2. Participants must have a written referral from their physician stating the absence of dental treatment would adversely affect the stated pre-existing medical condition. This referral must be maintained in the patient's record and made available to the MO HealthNet Division or its agent upon request.]

*(6) Services, Covered and Noncovered. The MO HealthNet **Dental Provider Manual** shall provide the detailed listing of procedure codes for services covered by the MO HealthNet Dental Program. Pricing information can be obtained from the fee schedule posted at www.dss.mo.gov/mhd/providers/pages/cptagree.htm.*

*AUTHORITY: section[s] 208.152, **RSMo Supp. 2014** and sections 208.153, and 208.201, RSMo Supp.[2011] **2013**. *This rule was previously filed as 13 CSR 40-81.040. Original rule filed Jan. 21, 1964, effective Jan. 31, 1964. For intervening history, please consult the Code of State Regulations. **Amended: Filed April 1, 2016***

PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions sixteen million, four hundred sixty seven thousand, eight hundred eighty eight dollars (\$16,467,888) in the aggregate annually for the life of the rule.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollar (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*